

4. Plans could not deny any claim for an enrollee using the "911" system to summon emergency care.

D. DUE PROCESS PROTECTIONS FOR PROVIDERS

1. Descriptive information regarding the plan standards for contracting with participating providers would be required to be disclosed;

2. Notification of a participating provider of a decision to terminate or not to renew a contract would be required to include reasons for termination or non-renewal. Such notification would be required not later than 45 days before the decision would take effect, unless the failure to terminate the contract would adversely affect the health or safety of a patient;

3. Plans would have to provide a mechanism for appeals to review termination or non-renewal decisions.

E. GRIEVANCE PROCEDURES AND DEADLINES FOR RESPONDING TO REQUESTS FOR COVERAGE OF SERVICES

1. Plans would have to establish written procedures for responding to complaints and grievances in a timely manner;

2. Patients will have a right to a review by a grievance panel and a second review by an independent panel in cases where the plan decision negatively impacts their health services;

3. Plans must have expedited processes for review in emergency cases.

F. NON-DISCRIMINATION AND SERVICE AREA REQUIREMENTS

1. In general, the service area of a plan serving an urban area would be an entire Metropolitan Statistical Area (MSA). This requirement could be waived only if the plans' proposed service area boundaries do not result in favorable risk selection.

2. The Secretary could require some plans to contract with Federally-qualified health centers (FQHCs), rural health clinics, migrant health centers, or other essential community providers located in the service area if the Secretary determined that such contracts are needed in order to provide reasonable access to enrollees throughout the service area.

3. Plans could not discriminate in any activity (including enrollment) against an individual on the basis of race, national origin, gender, language, socioeconomic status, age, disability, health status, or anticipated need for health services.

G. DISCLOSURE OF PLAN INFORMATION

1. Plans would provide to both prospective and current enrollees information concerning:

- Credentials of health service providers
- Coverage provisions and benefits including premiums, deductibles, and copayments
- Loss ratios explaining the percentage of premiums spent on health services
- Prior authorization requirements and other service review procedures
- Covered individual satisfaction statistics
- Advance directives and organ donation information

Descriptions of financial arrangements and contractual provisions with hospitals, utilization review organizations, physicians, or any other health care service providers

Quality indicators including immunization rates and health outcomes statistics adjusted for case mix

An explanation of the appeals process

Salaries and other compensation of key executives in the organization

Physician ownership and investment structure of the plan

A description of lawsuits filed against the organization

2. Information would be disclosed in a standardized format specified by the Sec-

retary so that enrollees could compare the attributes of all plans within a coverage area.

H. PROTECTION OF PHYSICIAN—PATIENT COMMUNICATIONS

1. Plans could not use any contractual agreements, written statements, or oral communication to prohibit, restrict or interfere with any medical communication between physicians, patients, plans or state or federal authorities.

I. PATIENT ACCESS TO CLINICAL STUDIES

1. Plans may not deny or limit coverage of services furnished to an enrollee because the enrollee is participating in an approved clinical study if the services would otherwise have been covered outside of the study.

J. MINIMUM CHILDBIRTH BENEFITS

1. Insurers or plans that cover childbirth benefits must provide for a minimum inpatient stay of 48 hours following vaginal delivery and 96 hours following a cesarean section.

2. The mother and child could be discharged earlier than the proposed limits if the attending provider, in consultation with the mother, orders the discharge and arrangements are made for follow-up post delivery care.

II. AMENDMENTS TO THE MEDICARE PROGRAM, MEDICARE SELECT AND MEDICARE SUPPLEMENTAL INSURANCE REGULATIONS.

A. ORIENTATION AND MEDICAL PROFILE REQUIREMENTS

1. When a Medicare beneficiary enrolls in a Medicare HMO, the HMO must provide an orientation to their managed care system before Medicare payment to the HMO may begin;

2. Medicare HMOs must perform an introductory medical profile as defined by the Secretary on every new enrollee before payment to the HMO may begin.

B. REQUIREMENTS FOR MEDICARE SUPPLEMENTAL POLICIES (MEDIGAP)

1. All MediGap policies would be required to be community rated;

2. MediGap plans would be required to participate in coordinated open enrollment;

3. The loss ratio requirement for all plans would be increased to 85 percent.

C. STANDARDS FOR MEDICARE SELECT POLICIES

1. Secretary would establish standards for Medicare Select in regulations. To the extent practical, the standards would be the same as the standards developed by the NAIC for Medicare Select Plans. Any additional standards would be developed in consultation with the NAIC.

2. Medicare Select Plans would generally be required to meet the same requirements in effect for Medicare risk contractors under section 1876.

Community Rating
Prior approval of marketing materials
Intermediate sanctions and civil money penalties

3. If the Secretary has determined that a State has an effective program to enforce the standards for Medicare Select plans established by the Secretary, the State would certify Medicare Select plans.

4. Fee-for-service Medicare Select plans would offer either the MediGap "E" plan with payment for extra billing added or the MediGap "J" plan.

5. If an HMO or competitive medical plan (CMP) as defined under section 1876 offers Medicare Select, then the benefits would be required to be offered under the same rules as set forth in the MediGap provisions above. Such plans would therefore have different benefits than traditional MediGap plans.

D. ARRANGEMENTS WITH OUT OF AREA DIALYSIS SERVICES.

E. COORDINATED OPEN ENROLLMENT

1. The Secretary would conduct an annual open enrollment period during which Medicare beneficiaries could enroll in any MediGap plan, Medicare Select, or an HMO contracting with Medicare. Each plan would be required to participate.

III. AMENDMENTS TO THE MEDICAID PROGRAM

A. ORIENTATION AND IMMUNIZATION REQUIREMENTS

1. When a Medicaid beneficiary enrolls in a Medicaid HMO, the HMO must provide an orientation to their managed care system before Medicaid payment to the HMO may begin;

2. Medicaid HMOs must perform an introductory medical profile as defined by the Secretary on every new enrollee before payment to the HMO may begin.

3. When children under the age of 18 are enrolled in a Medicaid HMO, the immunization status of the child must be determined and the proper immunization schedule begun before payment to the HMO is made.

TRIBUTE TO FATHER JAMES SAUVE

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. GILMAN. Mr. Speaker, I am pleased to join with my colleagues in paying tribute to an outstanding American who passed away earlier this week.

Father James Sauve, the executive director of the Association of Jesuit Colleges and Universities, was a highly respected educator. As the director of the International Center for Jesuit Education in Rome, as the official representative of the 28 Jesuit colleges and universities, and as a highly respected pastor, Father Sauve threw himself into his work with gusto and zeal, and in so doing earned the respect of all of us.

Father Sauve was a graduate of Spring Hill College in Alabama, and received his Ph.D. from Johns Hopkins University. He was proficient in six languages, and traveled extensively throughout the world.

Father Sauve's sudden passing was a loss not only to the Jesuit world, but to all of us who appreciate learning and understanding of all cultures.

We join in the sorrow of Father Sauve's surviving family, which consists of his father, Wilard, and his brother, Dudley, and his family. We also join all of Father Sauve's many students whose sense of loss must be immense.

HUMAN RIGHTS ABUSES IN EAST TIMOR

HON. TONY P. HALL

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. HALL of Ohio. Mr. Speaker, for many years I have been deeply concerned over the tragedy in the former Portuguese colony of East Timor. I have had the privilege of meeting the Roman Catholic Bishop of East Timor, Carlos Ximenes Belo, on several occasions.